

**Description of Flexible Spending Account Benefits for the Short Plan Year
January 1, 2005 through June 30, 2005**

	Health Care FSA	Dependent Care FSA
What is the Maximum Contribution for the short plan year?	\$3000	<p>If single, the lesser of the Participant's earned income for the year or \$2500</p> <p>If married, the lesser of the Participant's or the Spouse's earned income for the year or \$2500 if filing jointly, \$1250 if filing separately.</p>
<ul style="list-style-type: none"> ○ Special Rule if Spouse is Full-time Student 	Not applicable	For each month during which spouse is a full-time student, spouse shall be considered to be gainfully employee and earning income of not less than \$250 if there is one Eligible Dependent with respect to the Participant, or \$500 if there are two or more Eligible Dependents with respect to the Participant.
<ul style="list-style-type: none"> ○ Special Rule if Spouse is Incapable of Self-Care. 	Not applicable	For each month during which spouse is incapable of caring for him/herself, spouse shall be considered to be gainfully employee and earning income of not less than \$250 if there is one Eligible Dependent with respect to the Participant, or \$500 if there are two or more Eligible Dependents with respect to the Participant.
What is the Minimum Monthly Benefit? (note: to accommodate bi-weekly payroll, monthly contribution must be an even number, round down as needed)	\$10	\$10

<p>What kinds of Expenses may be reimbursed from my Flexible Spending Account?</p>	<p>Medical care, as defined in Section 213(d) of the Internal Revenue Code, excluding (i) premiums for any health insurance plan, policy or contract, or (ii) long-term care expenses and (iii) any expense which has been reimbursed, or is reimbursable from any other source. [see www.asiflex.com for discussion of eligible medical expenses]</p> <p>Expense must also be excludable from income pursuant to IRC Section 129.</p> <p>Expense must be incurred during the Plan Year and in a month during which a contribution is made.</p> <p>Expense must be incurred by Participating Employee or Eligible Dependent</p>	<p>Dependent care expenses for the care of an Eligible Dependent, limited to the household and dependent care services necessary for gainful employment as provided in IRC Section 21(b)(2) in accordance with IRC Section 129. [see www.asiflex.com for discussion of eligible dependent care expenses]</p> <p>Expense must be incurred during the Plan Year and in a month during which a contribution is made.</p> <p>Expenses incurred in any month in which the Employee or Spouse is not gainfully employed are not eligible.</p>
<p>Definition of “Eligible Employee”</p>	<p>The definition found in Colorado Revised Statutes 24-50-603(7), “Definitions,” as amended.</p> <p>Employee does not include persons employed on a temporary basis.</p>	<p>Same as Health Care FSA</p>
<p>Definition of “Eligible Dependent”</p>	<p>The spouse and each unmarried child or step-child of a participating Employee, or any other relative or household member whom the Participant may claim as a dependent for federal income tax purposes in accordance with IRC Section 152 for the Plan Year in which eligible expenses are incurred.</p>	<p>Same as Health Care FSA.</p> <p>An Eligible Dependent must also qualify as a “qualifying individual” as specified in IRC Section 21(b)(1).</p>

How do I file a request for reimbursement?	Submit a request for reimbursement (claim form) and documentation. to ASI, P.O. Box 6044, Columbia, MO 65205-6044.	Same as Health Care FSA
What kind of documentation is required?	An Explanation of Benefits from Insurance Carrier, or an Itemized Bill from Provider that includes: Date of Service Amount of Charge Description of Service Provider Name and Tax ID Additional information as may reasonable be required to adjudicate the claim.	Same as Health Care FSA
Where can I get a Claim Form?	Download from www.asiflex.com .	Download from www.asiflex.com
Can coverage be continued under COBRA?	Yes, if on the date of the qualifying event, there is a positive balance in the account (contributions exceed reimbursements). Coverage under COBRA may be continued through the end of the Plan Year, subject to timely remittance of contribution and administration fees.	No
What is the deadline for submission of claims?	Complete claims must be postmarked not later than October 15, 2005 following the end of the Short Plan Year. ¹	Same as Health Care FSA
What is the Maximum Benefit?	100% of a unreimbursed, eligible medical expenses, not to exceed Participant's Annual Contribution for the Plan Year	100% of eligible dependent care expenses, not to exceed the balance available in the account at any given time.

¹ The deadline for submission of reimbursement requests for expenses incurred in the 2004 Plan Year is April 15, 2005.